



## Complex Service Needs Workgroup Recommendations

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# SF504 Requirements

- Mental health and disability regions were directed to:
  - Convene stakeholder groups to assess regional needs, submit, and implement community service plans
  - Spend down fund balances to develop needed services
- The Department of Human Services was directed to:
  - Develop measuring points to assess regional community service plans
  - Convene a statewide stakeholder workgroup to make recommendations regarding mental health, disability, and substance use disorder services especially for individuals complex service needs

# Background

- Information on Workgroup members, meetings, MHDS Region reports, and the full report can be found:  
<http://dhs.iowa.gov/mhds/community-integration>
- Previous reports containing similar recommendations are:
  - Community Integration Workgroup for Adults with Serious Mental Illness (2014)
  - Mental Health and Disability Services Redesign Progress Report (2016)

# Explanation of Recommendations

- The recommendations are a package - no one or two recommendations alone address the need
- Providers deliver intensive services on a no eject, no reject basis
- MHDS Regions and MCOs work together
- Substance use disorder services are available

# IDPH Substance Use Disorder (SUD) Services

- Department of Public Health authority under Iowa Code chapters 125, 135.
- License and regulate ~125 treatment programs
  - Contract with/fund 23 local programs that together provide treatment to un/underinsured residents of all 99 counties.
    - Treatment ranges from OP to Residential (Subacute).
  - Historically, same network provided ~70% of Medicaid-funded SUD treatment.
  - Generally, same contractor network also provides prevention and problem gambling services.
- ~50,000 Iowans get SUD treatment each year
- ~30,000 receive Early Intervention services for at-risk persons
- ~170,000 Iowans participate in Prevention services

# IDPH Substance Use Disorder (SUD) Services

## Service System Underlying Concepts:

- Rapid Access
  - Minimal wait time
- Universal Screening
  - No wrong door
  - Screen for medical and mental health conditions (ASAM Criteria)
- Intensive Services and Supports
  - Flexible services that meet needs of patients
  - “Chronic health condition” approach
- Co-Occurring Services
  - SUD “specialists”, medical and mental health “generalists”

Consistent with Complex Needs workgroup expectations and recommendations.

# Recommendations

- Services to be developed and implemented in strategic locations throughout Iowa:
  - Six Access Centers
  - 11 more Assertive Community Treatment Teams
  - A full array of mental health crisis response and sub-acute residential services
  - Intensive Residential Service Homes serving a minimum of 120 individuals
  - Tertiary Care Psychiatric Hospitals

# FILLING GAPS IN IOWA'S MENTAL HEALTH SERVICE AND SUPPORT ARRAY <sup>1</sup>

All Mental Health Conditions

Moderately Severe Conditions

Acute Conditions

Severe Conditions

Prevention and outreach

Screening, assessment and evaluation

Individual, group and family therapy

Peer and caregiver education and supports

Integrate mental health and physical health care

Medication Management

Integrated mental health and substance use disorder treatment

Case Management and Care Coordination

**RECOMMENDATIONS TO  
FILL GAPS  
FOR**

Crisis Response and Sub-acute

Access Centers

Assertive Community Treatment

Intensive Residential Service  
Homes

Tertiary Care Hospitals

Housing, employment, education and support services

Supports, skill building, wellness and recovery

Jail diversion and re-entry services

Crisis intervention and stabilization

Assertive Community Treatment

Residential support

Inpatient hospital psychiatric

1. Service Array derived from NAMI "Adult Mental Health Service Array"  
[www.nami.org](http://www.nami.org)



# Access Centers

- Short term crisis and subacute residential services for individuals that have a serious mental health and/or substance use disorder that are:
  - Medically stable
  - Do not need inpatient psychiatric hospital level of care
  - Do not have alternative, safe, effective services immediately available to them
- Access Centers provide:
  - Substance use disorder treatment or immediate access to withdrawal management services
  - Care coordination, navigation, warm handoffs and linkages to needed services (housing, employment, shelters, etc.)
  - Court ordered treatment for mental health or substance use disorder

# Assertive Community Treatment

- ACT services provide team-based intensive, individualized, flexible treatment and supports to individuals with mental illness in their home and community
- ACT team includes psychiatry, social work, nursing, substance use disorder treatment, and vocational rehabilitation
- Iowa has 10 ACT programs currently operating and 1 under development.
- Based on ACT literature, Iowa should have 11 more teams strategically located throughout the state

# Crisis and Sub-acute Services

- MHDS Regions should be required to develop, implement, and maintain the full array of crisis services as core services in strategic areas throughout Iowa.
- A single statewide twenty-four hour crisis line should be included in the full array of crisis services
- The statutory limit of 75 publicly funded sub-acute beds should be eliminated

# Intensive Residential Service Homes (IRSHs)

- IRSHs provide intensive, coordinated, residential supported community living services for individuals with the most intensive serious and persistent mental illness
- IRSHs will:
  - Have adequate staffing and compensation for staff;
  - Provide or have access to Substance Use Disorder Services;
  - Coordinate clinical and residential services;
  - Have Access to ACT services when appropriate;
  - Accept court ordered commitments ;
  - Have a high tolerance for serious behavioral issues; and
  - Not eject or reject individuals referred to them based on the severity of the individuals' mental health and/or co-occurring needs.

# Tertiary Care Psychiatric Hospitals

- Tertiary Care Psychiatric Hospitals:
  - Treat individuals other mental health providers find too difficult or too dangerous to treat
  - Ensure seamless and successful integration back into the community by having strong linkages with the rest of the array of mental health services including access centers
- Cherokee Mental Health Institute and Independence Mental Health Institute should be two of the designated tertiary hospitals
- The Department and community hospitals with inpatient psychiatric programs should identify additional tertiary care psychiatric hospitals

# Additional Recommendations

- Require MHDS regions provide the following as “core services”
  - Access centers
  - Assertive Community Treatment
  - Comprehensive crisis and sub-acute services
  - Intensive residential service homes
- Establish a single set of provider qualifications and access standards
- Allow and encourage MHDS Regions to strategically locate and share intensive, specialized services